

Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
USPTO Use Only

EFS ID: 17519  
Application ID: 10064929  
Title of Invention: LAYERED TABLET WATER  
TREATMENT COMPOSITIONS AND  
METHOD OF USE  
First Named Inventor: Thomas Connelly  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2002-08-29  
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation Number: 0  
Attorney Docket Number: 717281.3  
Digital Certificate Holder: cn=Samuel Digirolamo, ou=Registered Attorneys, ou=Patent and  
Trademark Office, ou=Department of Commerce, o=U.S.  
Government, c=US  
Certificate Message Digest: zzsDsFnczrcBiCzBQEuBUA==  
Total Fees Authorized: \$644.0  
Payment Category: DA - Deposit Account  
Deposit Account Number: 110160  
Deposit Account Name: Samuel Digirolamo





bibd-transmittal  
patent-assignments  
fee-transmittal  
us-information-disclosure-statement  
specification

7172813apds.xml  
7172813asgn.xml  
7172813fee.xml  
7172813ids.xml  
Application.xml

**Attached Image File(s):**

DECLARATION1.tif  
DECLARATION2.tif

Comments:

Please type a plus sign (+) inside this box  

Approved for use through 10/31/2002 OMB 0651-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number		717281.3
	First Named Inventor		Connelly, Thomas V., Jr.
	<b>COMPLETE IF KNOWN</b>		
	Application Number	Unknown	
	Filing Date	Herewith	
		Group Art Unit	Unknown
		Examiner Name	Unknown

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

# LAYERED TABLET WATER TREATMENT COMPOSITIONS AND METHOD OF USE

(Title of the Invention)

the specification of which

☒ is attached hereto

**OR**

☐ was filed on (MM/DD/YY)

as United States Application Number or PCT International  
(if applicable).

Application Number

and was amended on (MM/DD/YY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

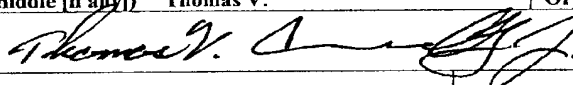
**Burden Hour Statement.** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents, Box Design, Washington, DC 20231.**

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		27128		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Samuel Digirolamo					
Address Blackwell Sanders Peper Martin LLP					
Address 720 Olive Street, Suite 2400					
City St. Louis			State Missouri		ZIP 63101
Country US		Telephone 314-345-6000		Fax 314-345-6060	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Thomas V.			Family Name Or Surname Connelly, Jr.		
Inventor's Signature 			Date 8/28/02		
Residence City: Kirkwood		State MO	Country US	Citizenship US	
Mailing Address #4 Sugarcreek Trail					
Mailing Address					
City Kirkwood		State MO	ZIP 63122	Country US	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name Or Surname		
Inventor's Signature			Date		
Residence City:		State	Country	Citizenship	
Mailing Address					
Mailing Address					
City		State	ZIP	Country	
<input type="checkbox"/> Additional inventors are being named on the __ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached heret					

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Stylesheet Version: 1.0

**Small Entity**  
**Small Business Concern**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

[illegible]

### Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Authorized Name: Samuel Digirolamo  
Electronic Signature Mark: /Samuel Digirolamo/  
Date Signed: 20020829

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 46	203	\$ 9	26	\$ 234
Independent Claims: 2	202	\$ 42	0	\$ 0

Subtotal For Extra Claims.Fees: \$ 234

ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	581	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40